

FEB 29 2012

Please type or print in ink.

2012 FEB 29 PM 3:50

NAME OF FILER

(LAST)

(FIRST)

BY: (MIDDLE)

Eng

Mike

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/12
(month, day, year)

Signature

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Eng

▶ NAME OF BUSINESS ENTITY

Eng & Nishimura

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Immigration Law Firm

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☒ Partnership ☒ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

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 ☐ Income Received of \$500 or More (Report on Schedule C)

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NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Eng

► NAME OF SOURCE

AHMC Health Foundation

ADDRESS (Business Address Acceptable)

438 W. Las Tunas Dr., San Gabriel, CA 91766

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 7 / 11	\$ 80.00	Dinner - charity event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Asian Pacific Islander American Public Affairs Assoc.

ADDRESS (Business Address Acceptable)

4000 Truxel Rd, Ste 3, Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 25 / 11	\$ 50.00	Dinner - awards event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Asian Pacific Youth Leadership Project

ADDRESS (Business Address Acceptable)

PO Box 22423, Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Youth Leadership Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 16 / 11	\$ 50.00	Ticket to Annual Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

American Pharmacy Student Alliance

ADDRESS (Business Address Acceptable)

3540 S. Figueroa St., Los Angeles, CA 90007

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Student Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 7 / 11	\$ 50.00	Gift Basket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Asian Community Planning Committee

ADDRESS (Business Address Acceptable)

100 N. Sepulveda Blvd, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public outreach organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 28 / 11	\$ 20.00	Frame
7 / 28 / 11	\$ 10.00	Poster
7 / 28 / 11	\$ 50.00	Navy pin

► NAME OF SOURCE

Asian Professional Exchange

ADDRESS (Business Address Acceptable)

207 E. Franklin Ave, Ste B, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Mentoring Program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 24 / 11	\$ 70.00	Dinner - awards event
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Eng

► NAME OF SOURCE
Asian & Pacific Islander American Health Forum
ADDRESS (Business Address Acceptable)
450 Sutter Street, Ste 600, San Francisco, CA 94108
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 17 / 11</u>	\$ <u>17.00</u>	<u>Reception</u>
<u>9 / 17 / 11</u>	\$ <u>401.40</u>	<u>Flight</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	\$ <u>117.09</u>	<u>Caucus dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Chinatrust Bank
ADDRESS (Business Address Acceptable)
22939 Hawthorne Blvd, Torrance, CA 90505
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 11</u>	\$ <u>50.00</u>	<u>Dinner - awards event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
C.C. Yin
ADDRESS (Business Address Acceptable)
185 Butcher Road, Vacaville, CA 95687
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business/Community Leader

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 30 / 11</u>	\$ <u>25.66</u>	<u>Dinner</u>
<u>8 / 16 / 11</u>	\$ <u>114.86</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Chief Emeritus Wayne C. Clayton Foundation
ADDRESS (Business Address Acceptable)
11333 Valley Blvd, El Monte, CA 91731
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 10 / 11</u>	\$ <u>60.00</u>	<u>Dinner - awards event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Chinese American Real Estate Professionals Assoc.
ADDRESS (Business Address Acceptable)
PO Box 1435, San Gabriel, CA 91776
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real estate trade organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 11</u>	\$ <u>51.00</u>	<u>Dinner - holiday event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: Asm. Eng was invited to discuss his health-related legislation at the Asian & Pacific Islander American Health Forum event on 9/17/11.

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Eng

► NAME OF SOURCE

Hong Kong University Alumni Assoc. of Southern Cal

ADDRESS (Business Address Acceptable)

PO Box 1055, San Gabriel, CA 91778

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alumni Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 6 / 11	\$ 50.00	Model ship
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Overseas Chinese Business Exchange

ADDRESS (Business Address Acceptable)

227 W. Valley Blvd, #238c, San Gabriel, CA 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business and Cultural exchange

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 11	\$ 50.00	Dinner - holiday event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Project By Project

ADDRESS (Business Address Acceptable)

12095 W. Washington Blvd, Los Angeles, CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Volunteer and Entrepreneur organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 11	\$ 56.00	reception-charity event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Lending Hope Foundation

ADDRESS (Business Address Acceptable)

727 Glendora Ave, La Puente, CA 91744

BUSINESS ACTIVITY, IF ANY, OF SOURCE

non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 25 / 11	\$ 60.00	Dinner - awards event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pat Brown Institute

ADDRESS (Business Address Acceptable)

10202 W. Washington Blvd, Culver City, CA 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Research organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 1 / 11	\$ 70.72	Retirement event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

San Gabriel Valley Medical Center

ADDRESS (Business Address Acceptable)

438 W. Las Tunas Dr, San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 2 / 11	\$ 84.00	Dinner - holiday event
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Eng

► NAME OF SOURCE

The California Roast

ADDRESS (Business Address Acceptable)

1220 H Street, Ste 102, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event organizer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 31 / 11	\$ 200.00	Ticket to 2011 Roast
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: